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Clinical Supervision Of Teaching Mara Junior Science College (MJSC), Malaysia

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Abstract

The purpose of this study is to identify the process and the level of the implementation with supervision by the Instructional supervisors consist of Principals, Deputy Principals and Heads of Departments in five Junior Science Colleges in Malaysia based on the teachers' perceptions on the Goldhammer's Five Stages of Clinical Supervision. Apart from that, this research could illustrate the implications of class supervision towards teacher professionalism in terms of improving the quality of teaching, strengthen the professionalism, experience and knowledge sharing and support for teachers in the teaching process. A total of 150 teachers from five MJSCs were randomly selected for the success of this study. The data was analysed by SPSS 17.0 software applications (Statistical Package for Social Sciences, MS Window Release 17.0). The study found that the teachers in MJSC are regularly practiced or higher with an average mean of all the supervisory level is 3.86, which is within the range of the mean between 3.68 and 5.00. Thus, the supervisors in MJSC need to further strengthen the relationship between supervisors and teachers, especially for teachers who have served more than 16 years.

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1. Introduction

According to Goldhammer, et al., (1993) in Khan, (2011:53) Clinical Supervision is the oldest of typical components and methods of supervision which only focuses during teaching and learning activities in the classroom. The foundation in supervision is face to face contact between the supervisor and the teacher in analysing, nurturing,

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exploring and collaborating the behaviour and activities of teachers in order to improve his or her teaching in the classroom. The five steps (supervision of pre-conference or pre observation, observation of classroom teaching, lesson observation or analysis of feedback strategy, supervision conference and post-conference analysis supervision) are the main requirements in clinical supervision. Supervision is basically observing and evaluating process of teachers' teaching effectiveness in the classrooms. The principal (the supervisor) is considered as the third party that serves as the evaluator in the teaching and learning process between the teacher and the students (Ramaiah, 2009:132).

2. Problem Statements

As the time passed, the changes in globalization certainly affected the education field that requires careful planning, systematic and holistic approaches in order to face the future education challenges. So, it is warrant for educators and all stakeholders to collaborate in effort to enhance the style and quality of our educational model. The elements that will continue on to be emphasized in the planning cycle for the development of the national education system are monitoring, evaluating and improvement (PIPP, 2006:4). The researchers bound to study and obtain authentic data in the review as well as the process of supervision and clinical supervision, especially among the principals and leadership in Junior Science Schools (MJSC) since MJSC has been known as the outstanding Educational Institutions in Malaysia. This is simply to improve the quality of learning and teaching in MJSC in order to be relevant to the current needs of the national education. The implementation of supervision in MJSC by supervisor which consist the Principal, Deputy Principal and the Heads of Departments will be seen on Five Stage Model in Clinical Supervision of Goldhammer et al.(1980), to show the levels or phases of a comprehensive supervision for supervisors and teachers.

3. Literature Review

The idea of this clinical supervision was pioneered by Morris Moto in the 1960s in the writing of *Case Studies and Research in Clinical Supervision*. It is further improved by Goldhammer, Anderson & Krajewski in the 1980s. Clinical terms for this approach were adopted from the diagnosis concepts and recovery taken the example from a medical point when the patient received a careful attention from a physician before starting the treatments. In this approach, in terms of the teachers, instructional supervisors regard principals as professionals who can help in improving the teaching process (Khan, 2011: 52). Clinical supervision is also a method of direct supervision by the supervisor on the supervised individual. Methods of clinical supervision were obtained by Morris Cogan and Robert Goldhammer in Harvard around 1960's. Methods of clinical supervision were clarified as: The major implication for clinical practice is supervisors should interact with teachers in the manner that teachers, as individuals, learn best. By attending to psychological functions, supervisors can better recognize existing strengths and open alternative paths for teachers to pursue an array of instructional purposes (Pajak, 2002:189 in Shamsuddin and Jasmi, (2011). The result of a study by Fooi, (2000), showed that 254 teachers (91%) perceived classroom teaching observations positively. Only 25 (9%) of teachers perceived it negatively. Some examples of positive statements made by the respondents include:

- i) Observation of teaching can strengthen professional relationships and positive interaction between the principal / headmaster and you.
- ii) Teachers should be notified in advance by the observers before they are observed.
- iii) Teachers need to be informed about any weakness / strength after observing the learning process.
- iv) Observers at my school have high level of skill in the observation.
- vi) Observers make a fair assessment of my teaching.

Foo S.F. (2000) subsequently concluded that the results of research, teaching and supervision in the observation by the principal need to be improved because of the perception of teachers on the prevalence execution of this function were only at moderate level. His research also showed that the teachers will have higher positive perceptions in teaching observation if only the principals frequently run these observations. His research also showed that the frequency of performance of the teaching function and observation explain most of the variance in

teacher satisfaction. Osman, (2000) in her study which involved 217 respondents found that supervision of teachers' teaching in schools was unsatisfactory. She found that supervision at the school runs in two forms, namely formal and informal. Her research also stated that formal supervision performed only twice in a year for each teacher and it is done according to the State Education Department. Her research revealed that there were 5.1% of respondents had never been supervised, 34.6% of the respondents were only supervised once. Therefore, she concluded that the supervisory program at the school is not fully implemented.

4. Research Objectives

The objectives of this study are to:

- i) Identify the process of supervision based on the Five Stages of Clinical Supervision; conference prior to the supervision or observation, observation or observation in the classroom, analysis and strategy, supervision and analysis conference after conference.
- ii) Identify the level of supervision on the implementation of Five Stages of Clinical Supervision among Principals, Deputy Principals and department heads MJSC North Zone by the perception of teachers in MJSC North Zone.
- iii) Identify which level of improvements are needed to improve the effectiveness of clinical supervision and teaching effectiveness in the classroom.

5. Research Methodology

This study uses quantitative method to provide information to the researcher to answer the research questions. This method was chosen because it is suitable for obtaining the required information objectively. In addition, the method can also be used to collect information in a short time. Therefore, the questionnaire is used as an instrument in this study to obtain data from the respondents. The information obtained will be the guideline for researchers to be used in accordance with the purposes of the research. According to Creswell (2005), research design is intended to identify the individual opinion and involve policy issues. The survey also describes the trend or phenomenon that involves the community, state and national level. Survey was also used to measure the variables associated with a phenomenon without questioning how these variables exist (Konting, 2005). The information obtained was based on the answers given by the samples and analysed by using SPSS 17.0 software applications (Statistical Package for Social Sciences, MS Window Release 17.0). Two types of statistics were used, descriptive statistics and inferential statistics to answer the research questions. Descriptive statistics used are frequency, percentage, mean and standard deviation to describe the whole of the profile of the respondents such as gender, age, position and teaching experience for each dependent and independent variables. The inferential statistics were used to compare the mean between two variables. Inferential statistics used t-test and ANOVA test. Next Post Hoc test will be done if there is a significant variable.

6. Research Findings

Table 1.0 shows the number of respondents that totalled up to 150 respondents which consisted of regular teachers and senior teachers. Based on Table 1.0, the respondents consisted of 62 male respondents (41.3%) and 88 female respondents (58.7%). The majority of respondents in this study were female, as it is common in any educational institution in Malaysia, female teachers are more than male teachers. This phenomenon was also applied to MJSC in Malaysia.

Table 1.0: Respondents in terms of gender

Gender	Frequency	Percentage (%)
Male	62	41.3
Female	88	58.7
Total	150	100

While, table 2.0 shows that 70 respondents (46.7%) were aged less than 30 years, 48 respondents (32.0%) were in the age range of 31-35 years, 19 respondents (12.7%) were in the range of 36-40 years, while 9 respondents (6.0%) were in the range of 41-45 years and only 4 respondents (2.7%) aged 46 years and above. The results showed the majority of the respondents were in the age group of less than 30 years, in total of 70 respondents (46.7%).

Table 2.0: Respondents in terms of age

Age	Frequency	Percentage(%)
Less than 30 years	70	46.7
31 - 35 years	48	32.0
36 - 40 years	19	12.7
41 - 45 years	9	6.0
46 years on	4	2.7
Total	150	100

Table 3.0 displays the number of respondents based on their teaching experiences. 74 respondents (49.3%) had been teaching for 5 years and below, while 48 respondents (32.0%) had been teaching between 6-15 years, another 28 respondents (18.7%) had over 16 years of teaching experiences. The results showed that majority of respondents had been teaching for 5 years and below which made of 74 respondents (49.3%). The teachers who had the teaching experiences between 6-15 years are 48 respondents (32.0%) and only 28 respondents (18.7%) had over 16 years of teaching experiences.

Table 3.0: Respondents In terms of teaching experience in MJSC

Teaching experience	Frequency	Percentage (%)
Less than 5 years	74	49.3
6 – 15 years	48	32.0
16 years on	28	18.7
Total	150	100

Analysis of overall mean in Five Stages of clinical supervision in MJSC is based on the table 4.0 that shows the overall mean for five stages of clinical supervision in MJSC, is in the range between min 3.86 – 5.00. This shows that the level of clinical supervision in MJSC on the whole was at a high level or frequently practiced and in other words it was effective and achieved.

Table 4.0: Overall mean in Five Stages of clinical supervision in MJSC

No.	Stage Clinical Supervision	Average Mean by level	Std.
1.	First stage: the conference before the supervisory	3.45	0.962
2.	Stage two: Observation-supervision in the classroom	4.21	0.577
3.	Stage three: analysis and strategy	3.98	0.704
4.	Stage four: conference after the supervisory	4.03	0.755
5.	Stage five: Analysis after the conference	3.62	0.878
	Overall mean of five levels of clinical supervision	3.86	0.775

The following result is the Analysis of Respondents' Different Perceptions against Supervisors in Five Stages of Clinical Supervision in MJSC. Further research was concerning on the difference of perceptions in regards of clinical supervision in MJSC by gender, age, and position as well as teaching experiences. In order to answer these questions, feedbacks from teachers on the questionnaire items in part B were analysed by using the t-test and ANOVA test.

Based on Table 5.0, the significant differences found in the respondents' perception of the teaching experience into five clinical supervision was ($F(2, 147) = 4.632$; $p < 0.05$). Thus the Post Hoc test had been done to find out which group that has the lowest mean value differences. The results of Post Hoc Multiple Comparisons clearly showed that there were significant differences between the groups of 16 years and over compared to other groups. Homogeneous subsets table clearly showed that the group mean scores above 16 years was less than the mean of the other groups. The Results of ANOVA and Post Hoc test showed differences on the fifth level of supervision (analysis after the conference) was less effective against a group of teachers who had been teaching over 16 years.

Table 5.0: ANOVA Analysis of Respondents' Views on the Teaching Experience of The Five Stage in Clinical Supervision

	Number of squares	Degrees of Freedom	Mean Square	F Value	Significance
Between Groups	6.808	2	3.404	4.632	0.011
In Group	108.029	147	0.735		
Total	114.837	149			

Table 6.0 displays the inferential statistical analysis that was performed to determine differences in perception regarding the five stages of clinical supervision in accordance with the respondents' background. These results indicated that the only significant difference between the perceptions of the respondents by gender and the fifth level of clinical supervision. There is no significant difference between the perceptions of respondents in different age groups with all levels of clinical supervision. Respondents' perception of the post is that there are two significant clinical stages, the first and the third. Next to the respondents' perception on teaching experience that there is only a significant level, at the level of the fifth clinical supervision.

Table 6.0: Summary of differences in perception regarding Five Stages of Clinical Supervision

Stage Clinical Supervision Respondent Background	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Gender	NS	NS	NS	NS	S
Age	NS	NS	NS	NS	NS
Position	S	NS	S	NS	NS
Teaching experience	NS	NS	NS	NS	S

Note: S = Significant

NS = Not significant

7. Discussion and Conclusion

This study found that the overall level of the role of supervisors in the first stage of clinical supervision (supervision or prior to the conference before the observation) was at the level of 'quite often' adopted from all six (6) items studied, in the range min 2.34 - 3.67. Thus, interpretations of clinical supervision practices showed that the supervisors do imply collaborative dialogue between the teachers in order to promote improvements in learning and

teaching activities. The finding was in line with Glickman et.al., (2013), which stated that pre observation is an early process of communication and interaction between teachers and supervisors. This process is expected to assist and facilitate teachers and supervisors in understanding the learning outcomes and objectives of supervision as well as to get a glimpse of instructional background that taken place in terms of delivering techniques, strategies or methods being used. Other than that, he also mentioned that this stage is aimed to minimize the discomfort and also to reduce tensions among the parties that were being supervised. The first stage of the study (mean = 3.45) (refer to table 4.0) was consistent with the findings by Hamdan and Rahimah, (2011) that majority of the teachers aware of preliminary discussions before the supervision taken place. The teachers will also be notified in advance before observations are held and also on the subjects and aspects that will be observed. Consequently, the elements implied in the items built in the first phase are to determine instructional strategies, the main focus of observation and also to ensure effective learning outcomes achieved. Elements embedded in these items are arranged in appropriate behaviour to gain feedbacks from the supervisor. Meetings and discussions in pre supervision session can create conducive environment in order to obtain mutual consensus between the supervisor and the teachers during the classroom observation. Results of ANOVA and Post Hoc test showed differences at the fifth level of supervision (analysis after the conference) was less effective against a group of teachers who can be considered as 'seniors' that have teaching experiences for over 16 years. Thus, the supervisor might not propose the teaching techniques to these group of teachers. Apart from that, the supervisor rarely propose in-service training and also suggestions of reading materials in order to improve their teaching and learning activities to 'senior' teachers. The overall standard of clinical supervision for five levels according to the perception of teachers in MJSC were at 'high' or 'often practiced' with the overall mean at 3.86 in the range of scores between 3.68 – 5.00, which shown that clinical supervisions positively open up chances for the supervisor and the teachers to collaborate systematically and effectively. Moreover, the clinical supervisions embrace the expansion of curriculum development. It is proven that clinical supervisions are complex activities. In order to achieve effective clinical supervisions, both parties should have one common realization as the fundamental perspective so significant benefits can be delivered to supervisor and the teachers.

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